

Name
in
Full

Altvater

Still Born Child

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died *near Easton*

Talbot

Date

of death 1909

Month

9

Day

29

Age

Years

Months

Days

Sex

Female

Color or
Race

Caucasian

Birth-
place

Talbot Co Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

John L Altvater

Father's
Birthplace

Talbot Co

Mother's
Maiden Name

Mary Gebner

Mother's
Birthplace

Baltimore

Name of person giving
Information

John L Altvater

How related
to deceased

Father

CAUSES OF DEATH

Primary

*Cord Around Neck
Suffocation*

How long

*Don't know
4 hours*

Immediate

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

Address

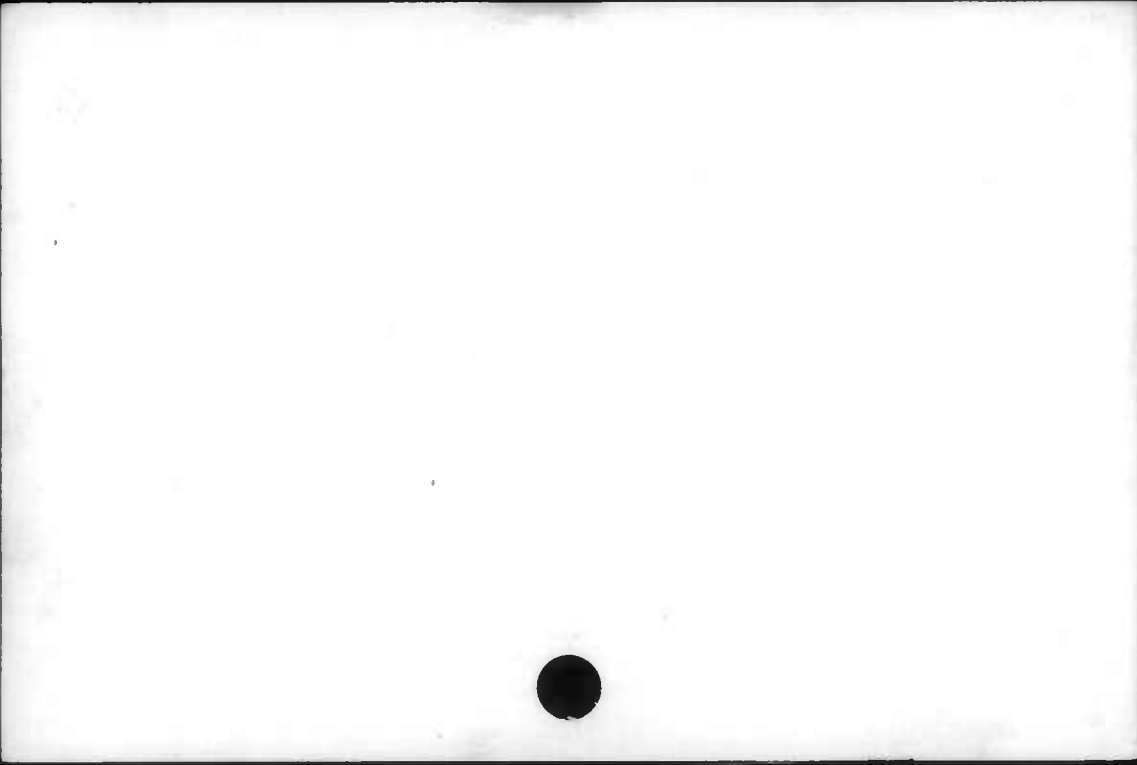
*S. Druehlson
Easton Md*

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Isaac Barto

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Leonardtown		County Talbot		MARYLAND	
Date of death		1904	Month Sept	Day 22	Age	Years 82	Months 10
Sex		Male		Color or Race		White	
Birth place		Pennsylvania					
Occupation Retired Farmer				Where Residing if not at place of death X			
Married, Single or Widowed		Widowed		Name of Wife or Husband Francis Barto			
Father's Name		Jacob Barto				Father's Birthplace Pa.	
Mother's Maiden Name		Francis Shellenberger				Mother's Birthplace "	
Name of person giving Information		Lehas. J. Barto				How related to deceased Son	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	X	How long	
Immediate	disease of the Heart	How long	10 minutes
Are the name, age, sex, color, data and place correctly given above?		Thyau	
Signature of Physician		Lehas. H. Rose	
Address		Leonardtown, Md.	
Accident or Suicida			



Name
in
Full

Laura Margaret Bradley

CERTIFICATE OF DEATH

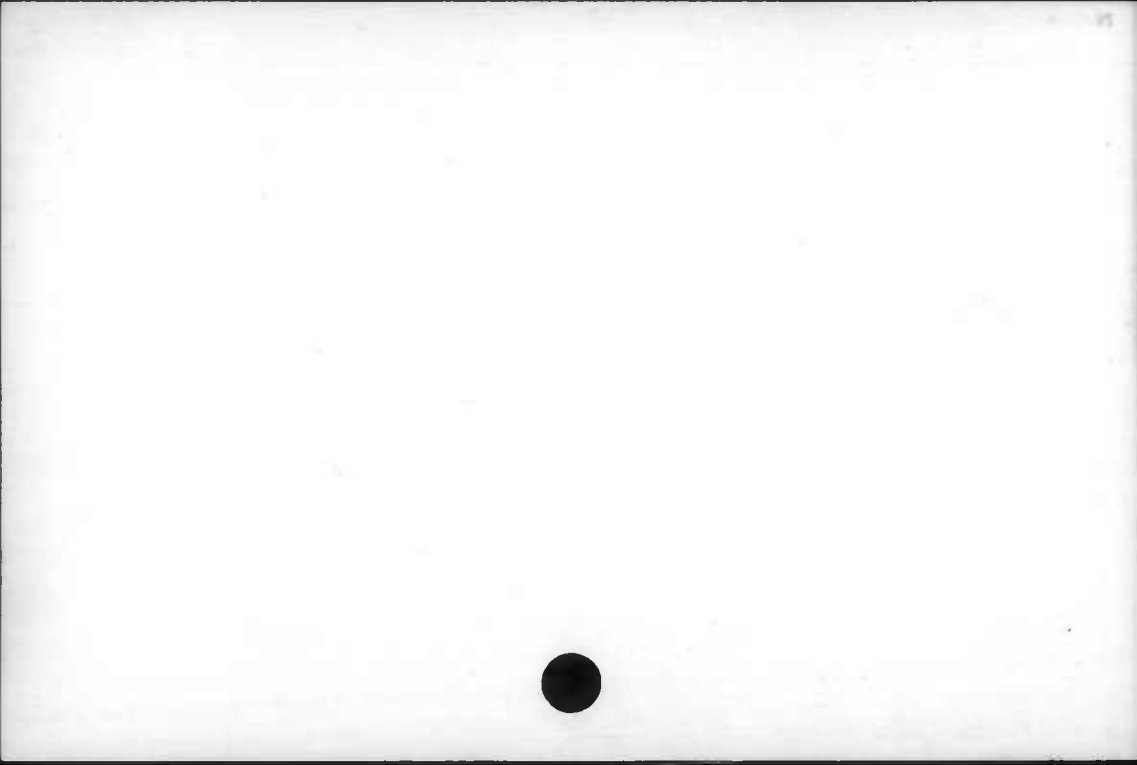
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Troppe</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
Date of death 190 <u>9</u> <small>Month</small> <u>Sept.</u> <small>Day</small> <u>24</u> <small>Years</small>		Age <u>—</u>		Months <u>8</u> Days <u>—</u>	
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Talbot Co.,</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Wm S. Bradley</u>		Father's Birthplace <u>Talbot Co.,</u>			
Mother's Maiden Name <u>Florence Harner</u>		Mother's Birthplace <u>Talbot Co.,</u>			
Name of person giving Information <u>W. S. Bradley</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

Primary	<u>Eutero Colitis</u>	<u>105</u> <u>✓</u> How long <u>6 weeks</u>
Immediate	<u>Pneumonia</u>	How long <u>3 days</u>
Are the name, age, sex, color, data and place correctly given above? <u>Yes</u>		Signature of Physician <u>Wm S. Seymour</u>
		Address <u>Troppe Md</u>
Accident or Suicide <u>No</u>		

PHYSICIAN
OR CORONER



Name
in
Full

Cornelius E. Brommell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Mearitte ^{Town} Talbot ^{County} MARYLAND

Date of death 1909 ^{Month} Sept ^{Day} 14 Age 57 ^{Years} 11 ^{Months} 18 ^{Days}

Sex Male Color or Race White Birth-place Talbot Co.

Occupation Farmer Where Residing if not at place of death Same

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name Robert - Brommell Father's Birthplace Talbot Co.

Mother's Maiden Name Jessie A. Cooper Mother's Birthplace Talbot Co.

Name of person giving Information Carrie Jones How related to deceased Sister

CAUSES OF DEATH

158

✓

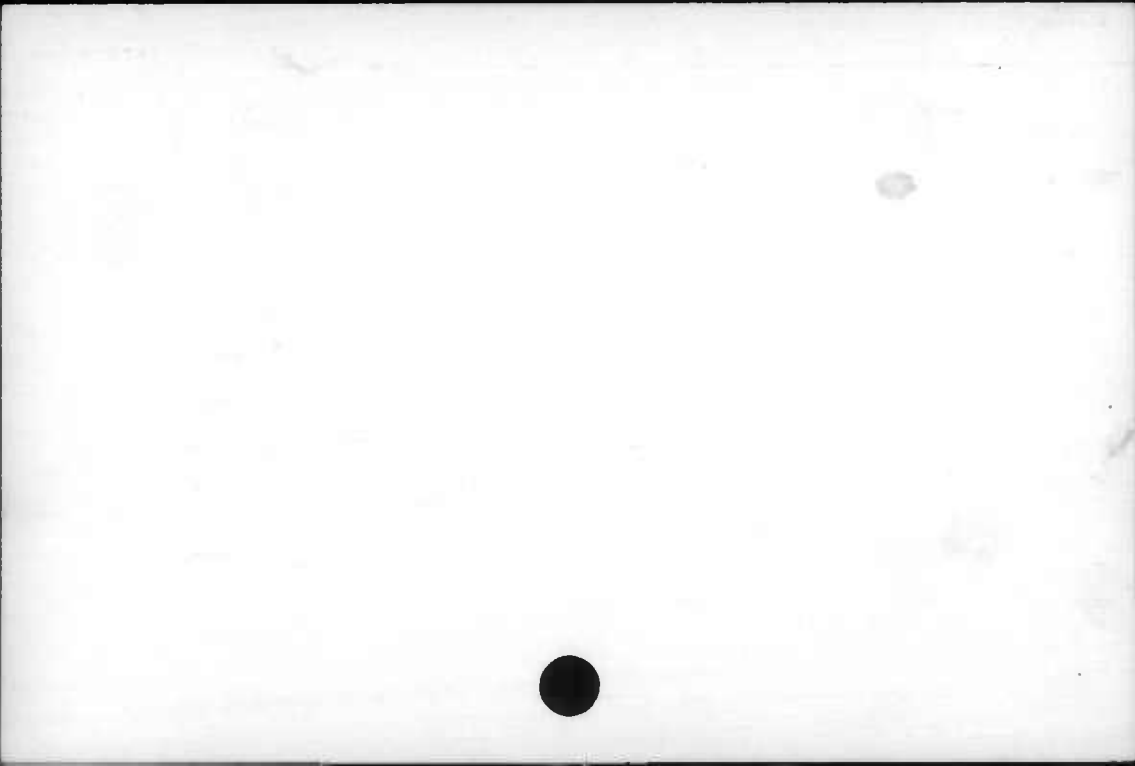
PHYSICIAN
OR CORONERPrimary Chromed

How long _____

Immediate _____

How long _____

Are the name, age, sex, color, date and place correctly given above? YesSignature of Physician W. J. B. DeekAddress St MichaelAccident or Suicide Suicide



Name
in
Full

Charles Carrier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Eaton

Town

Lallab

County

MARYLAND

Date

of death

1909

Month

9

Day

13

Age

Years

0

Months

0

Days

19

Sex

Male

Color or
Race

Caucasian

Birth-
place

Lewishills

Occupation

Where Residing if not
at place of death~~Married, Single~~
~~or Widowed~~Name of Wife or
HusbandFather's
Name

J. S. Carrier

Father's
Birthplace

Prince Georges Co Md

Mother's
Maiden Name

Lula E. Williams

Mother's
Birthplace

Balto. Md

Name of person giving
Information

J. S. Carrier

How related
to deceased

Father

CAUSES OF DEATH

104

✓

Primary

Acute Indigestion

How long

3 hours

Immediate

Heart failure

How long

3 hours

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

Address

S. S. Williams M.D.
Eaton Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Grapple* Town *Palbot* County
Date of death 1909 9 12 Age 32 Months 7 Days 15

Sex *Male* Color or Race *White* Birth-place *Palbot Co. Md*

Occupation *Retired Physician* Where Residing if not at place of death _____

Married, Single or Widowed *Married* Name of Wife or Husband *Georgianna Adhelmina Frampton*

Father's Name *George Henry Dawson* Father's Birthplace *Palbot Co. Md*

Mother's Maiden Name *Sallie Anna Summer* Mother's Birthplace *Dorchester Co. Md*

Name of person giving Information *Geo. Dawson* How related to deceased *Brother*

CAUSES OF DEATH

Primary *Diabetes Dorsalis.* How long *15 years*

Immediate *Exhaustion* How long *5 days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Joseph A. Ross M.D.*

Address *Grapple Md*

Accident or Suicide _____

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORNER



Name
in
Full

Mellie Grace Dawson

CERTIFICATE OF DEATH

Died at		Trappe		Talbot		MARYLAND	
Date of death		1909	Sept,	20	Age	26	
		Month	Day	Years	Months	11	Days 18
Sex	Female	Color or Race	white		Birth-place	Talbot Co,	
Occupation	House work		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John H. E. Dawson					Father's Birthplace	Talbot Co,
Mother's Maiden Name	Flora E. Smith					Mother's Birthplace	Talbot Co,
Name of person giving Information	J. H. E. Dawson					How related to deceased	Father

CAUSES OF DEATH

Primary	Typhoid fever		How long	10 weeks
Immediate	Nephritis = coma		How long	48 hours
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			William S. Seymour	
			Address	
			Trappe Md,	
Accident or Suicide		no		



Name
in
Full

Robert Ellis

CERTIFICATE OF DEATH

MARYLAND

Died at Easton Town

Talbot County

Date of death 1909 Sept

Day 24

Age

Years 21

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Maryland

Occupation

Laborer

Where Residing if not
at place of death

Easton

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Robt Ellis

Father's
Birthplace

Va

Mother's
Maiden Name

Mary Stow

Mother's
Birthplace

Md

Name of person giving
Information

Robert Ellis

How related
to deceased

Father

CAUSES OF DEATH

176

Primary

Gun shot wound severing femoral artery

How long

8 hrs -

Immediate

Hemorrhage -

How long

8 hrs -

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Chas. H. Davidson

Address

Easton, Md.

Accident or Suicide

Homicide (M)

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Gun in hand of Wm. Monday and jury
decided killing was in self defence and
justified homicide

Name
in
Full

Wreth A Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at ^{Town} near Easton ^{County} Talbot MARYLAND

Date of death 1909 ^{Month} Sept ^{Day} 30 ^{Age} 1 ^{Years} 3 ^{Months} ^{Days} —

Sex Female ^{Color or Race} Black ^{Birth-place} Talbot Co

Occupation — ^{Where Residing if not at place of death} Talbot Co

Married, Single or Widowed — ^{Name of Wife or Husband} none

Father's Name Jacob E Johnson ^{Father's Birthplace} Talbot Co.

Mother's Maiden Name Blanch Gardner ^{Mother's Birthplace} Talbot Co.

Name of person giving Information Jacob E Johnson ^{How related to deceased} Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary ^{How long} Leathring 2 weeks

Immediate ^{How long} Infantile diera 4 days

Are the name, age, sex, color, date and place correctly given above?

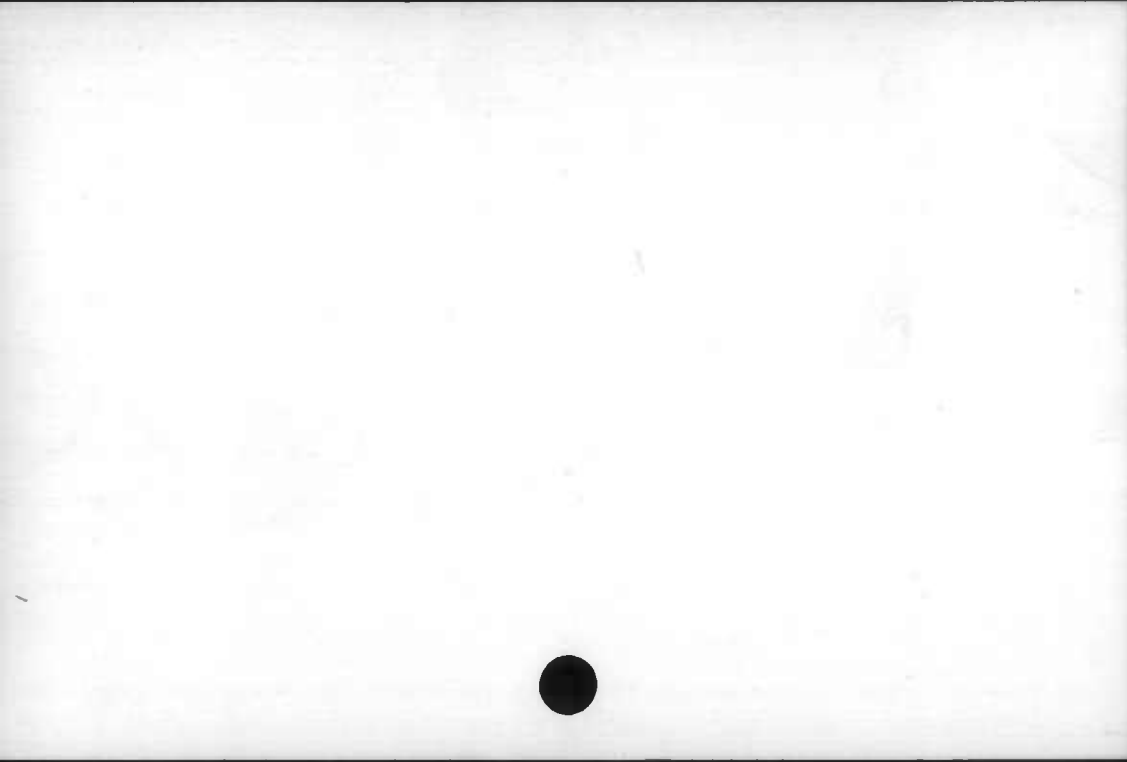
Yes

Signature of Physician

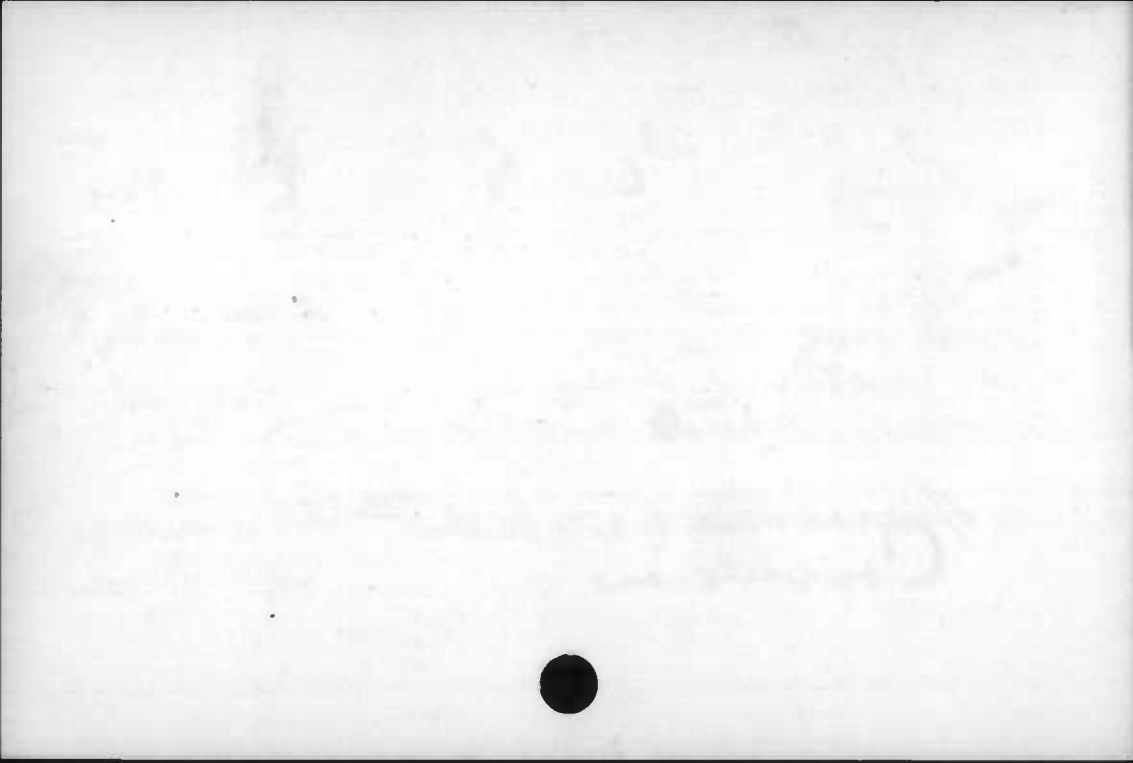
Address

John B Fairbank
Easton Md
Coroner

Accident or Suicide



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Easton		Tallot		MARYLAND			
		Date of death		1909	Month	Sept	Day	24	Age	0	
								Years	0	Months	0
		Sex		Female		Color or Race		Polish		Birth-place	Easton
		Occupation				Where Residing if not at place of death		Easton			
		Married, Single or Widowed		<input checked="" type="checkbox"/> Single		Name of Wife or Husband					
		Father's Name		William Lahay				Father's Birthplace		Baltimore	
Mother's Maiden Name		Mary Fitch				Mother's Birthplace		Baltimore			
Name of person giving information		Mary Fitch				How related to deceased		Mother			
		CAUSES OF DEATH				<input checked="" type="checkbox"/> 2 ✓					
PHYSICIAN OR CORONER		Primary		Lahay				How long		4 hrs.	
		Immediate		Asphyxia				How long		10 minutes	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		James B. Meritt M.D.			
						Address		221 E. Dover St. Easton Md.			
		Accident or Suicide?									



Name
in
Full

Marguerite Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Green Anne ^{County} Latham **MARYLAND**Date of death 1909 ^{Month} Sept. ^{Day} 23 Age ^{Years} one ^{Months} Two ^{Days} ~~Two~~

Sex Female Color or Race Colored Birth-place Phila. Pa.

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Sime Lewis Father's Birthplace ^{Del.} TownsendMother's Maiden Name Mattie Pauls Mother's Birthplace ^{Ind.} Green Anne

Name of person giving Information Mattie Lewis How related to deceased Mother

CAUSES OF DEATH

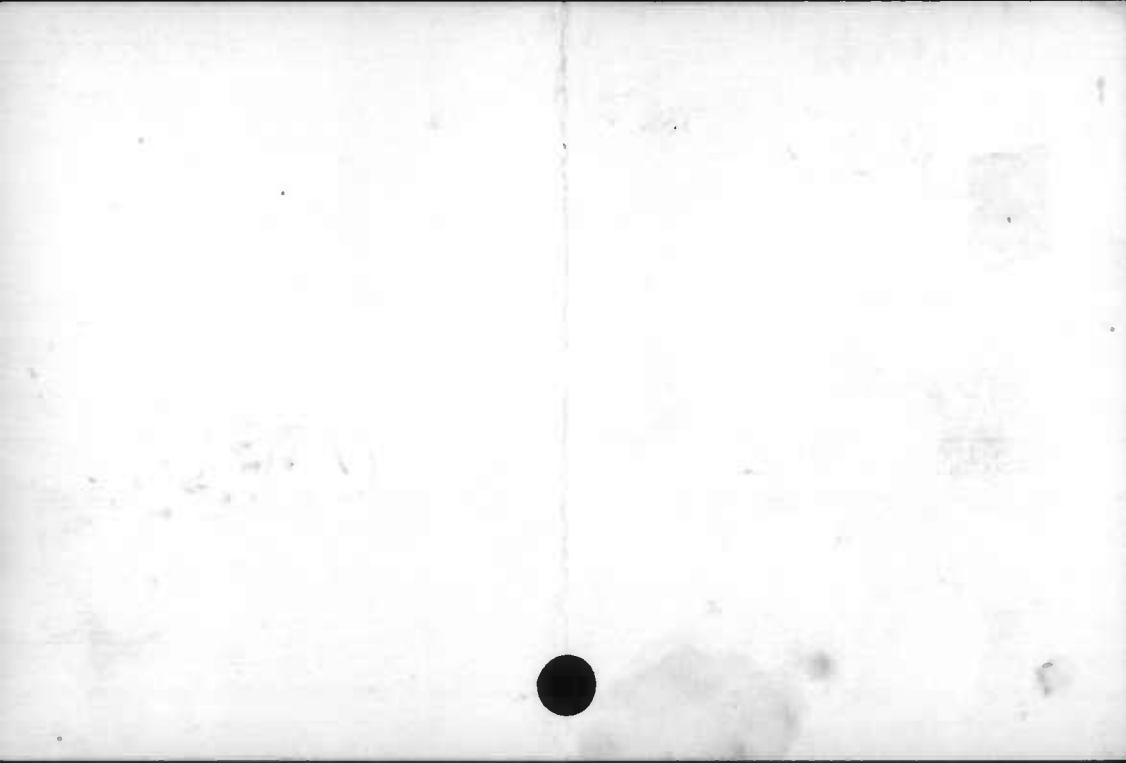
105

PHYSICIAN
OR CORONERPrimary ^{How long} Typhoid due to Gastro-Enteritis Six months
Immediate ^{How long} Convulsions Four daysAre the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Dr. Robley Hackett
Green Anne
Ind.Accident or Suicide *no*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Easton</i>		County <i>Dalton</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		<i>Sept</i>	<i>21</i>	<i>0</i>		<i>4</i>	<i>0</i>
Sex		Color or Race		Birth-place			
<i>Boy</i>		<i>colored</i>		<i>Mid</i>			
Occupation		Where Residing if not at place of death					
<i>None</i>		<i>Same</i>					
Married, Single or Widowed		Name of Wife or Husband					
<input checked="" type="checkbox"/>		<i>X</i>					
Father's Name		Father's Birthplace					
<i>Edward Maxfield</i>		<i>Mid</i>					
Mother's Maiden Name		Mother's Birthplace					
<i>Hattie Wright</i>		<i>Mid</i>					
Name of person giving Information		How related to deceased					
<i>Hattie Maxfield</i>		<i>Mother</i>					

CAUSES OF DEATH

100



Primary	<i>Thrush</i>	How long	<i>1 Month</i>
Immediate	<i>Same</i>	How long	<i>11</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>E. R. Dripe</i>	
		Address	
		<i>Easton</i>	
Accident or Suicide			
		<i>Mid</i>	

PHYSICIAN
OR CORONER



Name
in
Full

Alexander Miller

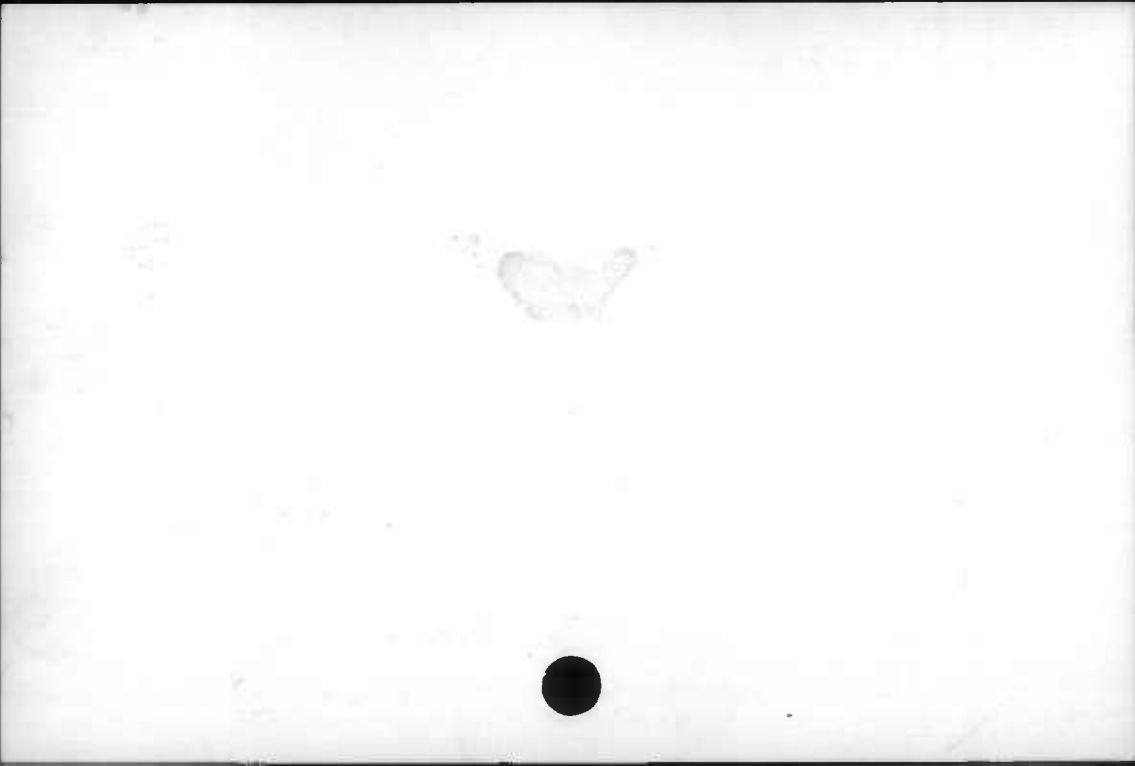
CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Sherwood		Talbot					
Date of death		Month	Day	Age	Years	Months	Days
1909		Sep.	20	8		1	21
Sex	male	Color or Race	Black	Birth-place	Sherwood		
Occupation	None			Where Residing if not at place of death	"		
Married, Single or Widowed	single	Name of Wife or Husband					
Father's Name	John Pinkney				Father's Birthplace	Talbot Co	
Mother's Maiden Name	Minnie Miller				Mother's Birthplace	Sherwood	
Name of person giving information				"	How related to deceased	Sister	

CAUSES OF DEATH

4

Primary	Remittent fever	How long	2 weeks
Immediate	Lamndia	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. K. Wilson
725		Address	215 Truman St
Accident or Suicide		225	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *McDaniel Talbot*

Date of death 1909 *Sept. 22* Age *61*

Sex *Male* Color or Race *Black* Birth-place *McDaniel*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *John Miller*

Father's Birthplace *McDaniel*

Mother's Maiden Name *Eliza Mitchell*

Mother's Birthplace *McDaniel*

Name of person giving Information *Charles H. Miller*

How related to deceased *Brother*

CAUSES OF DEATH

Primary *Chronic Nephritis.*

How long *2 yrs*

Immediate *Cardiac failure*

How long

Are the name, age, sex, color, date and place correctly given above?

yes
no

Signature of Physician

Address

John P. M.D.
St Michaels, Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Infant

Muller

CERTIFICATE OF DEATH

Died at

Belvue

Town

Talbot

County

MARYLAND

Date

of death

1909

Month

Sept

Day

22

Age

Years

Months

Days

4

Sex

Female

Color or
Race

white

Birth-
place

Belvue

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

John Muller

Father's
Birthplace

Germany

Mother's
Meiden Name

Lillian Durvan

Mother's
Birthplace

Germany

Name of person giving
Information

John Muller

How related
to deceased

Father

CAUSES OF DEATH

71

✓

Primary

Don't Know

How long

Immediate

Spasm

How long

Six hours

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

James C. Lipter

Address

Royal Oak Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Carrie Price*

Died at *Chapple* ^{Town} *Galbot* ^{County}

Date of death *1909 Sept 29* ^{Month} ^{Day} Age *12* ^{Years} Months ^{Months} Days ^{Days}

Sex *Female* Color or Race *bol* Birth-place *Maryland*

Occupation *housework* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Daniel Price* Father's Birthplace *Maryland*

Mother's Maiden Name *Sarah Poney* Mother's Birthplace *" "*

Name of person giving Information *Frank Price* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Tuberculosis of lungs* How long *3 mos.*

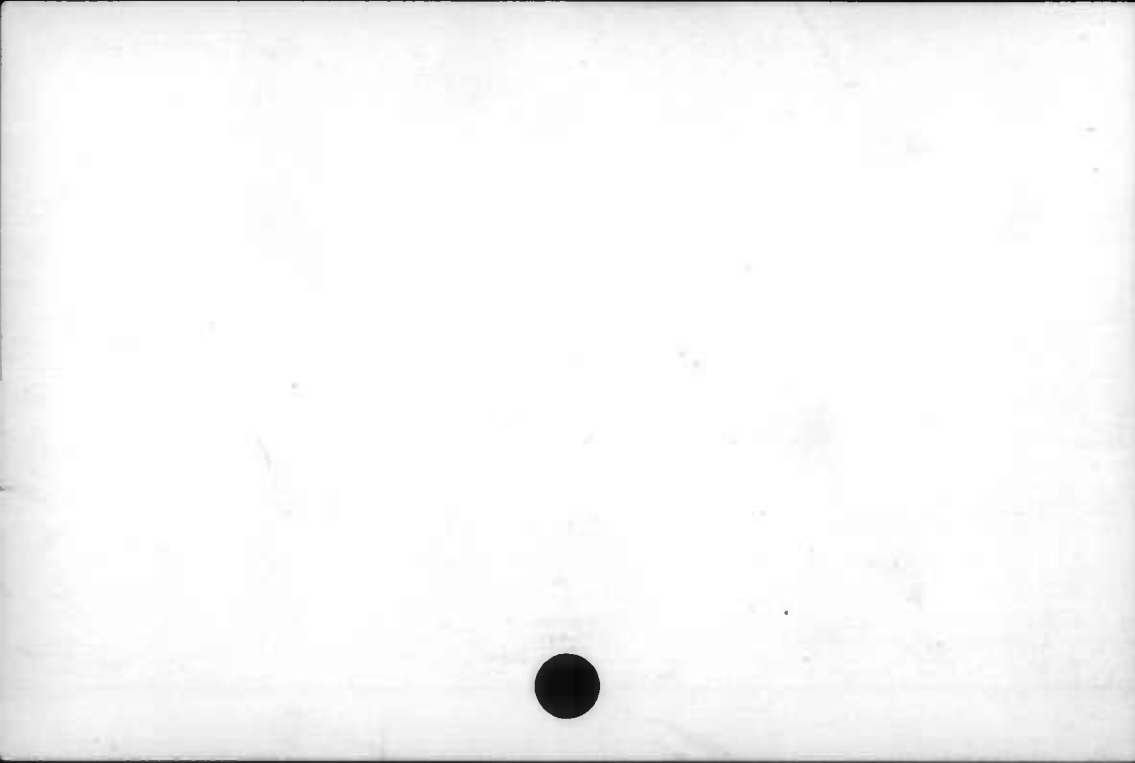
Immediate *Exhaustion* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *D. D. Wellson*

Address *Easton Md*

Accident or Suicide



Name
in
Full

Naunie Carter Robinson

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Sept	30	46	5		
Sex	Female		Color or Race	White		Birth-place	Med
Occupation	Lady			Where Residing if not at place of death		X	
Married, Single or Widowed	Single		Name of Wife or Husband		X		
Father's Name	Alexander P. Robinson				Father's Birthplace	Med	
Mother's Maiden Name	Ella Alford Brown				Mother's Birthplace	Med	
Name of person giving Information	Mary R Adams				How related to deceased	Sister	

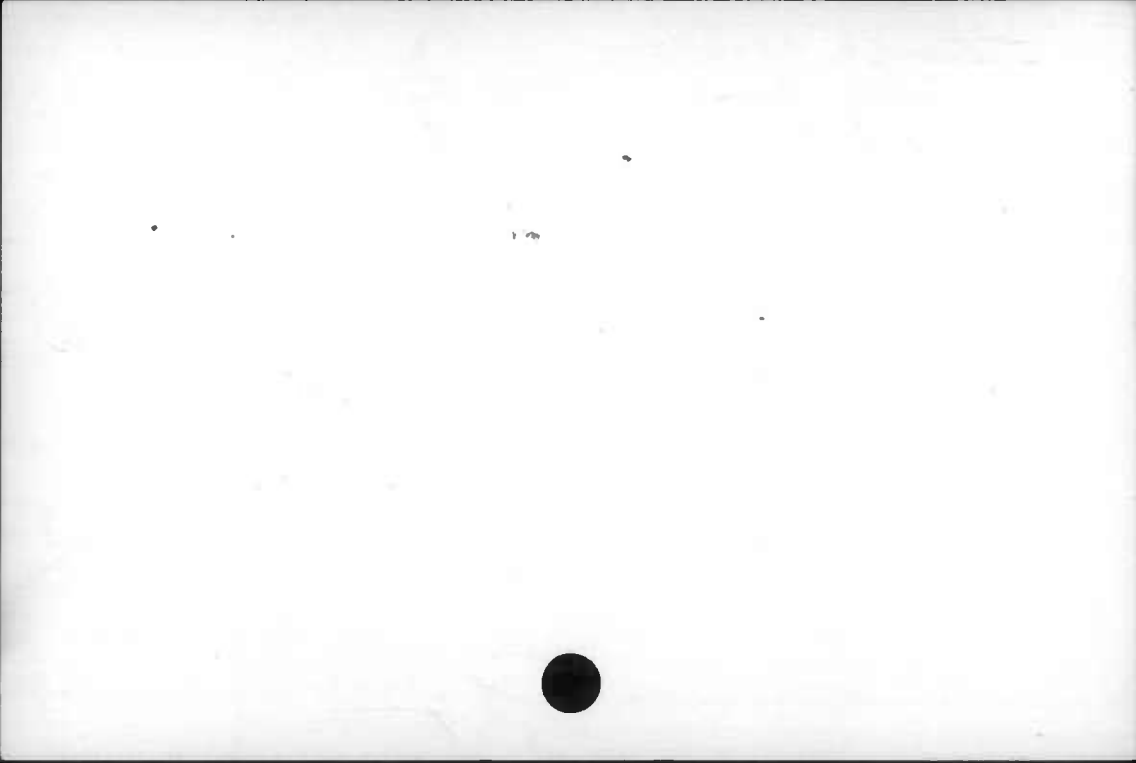
CAUSES OF DEATH

45

Primary	Abdominal Carcinoma		How long	2 years
Immediate	Exhaustion		How long	a few days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			E. R. Hippe	
			Address	
			Easton	
Accident or Suicida			Med	

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George Wilber Ralph</i>		Town <i>Luben Anne</i>		County <i>Tolbo</i>		MARYLAND	
Died at <i>Luben Anne</i>		Month <i>Sept</i>		Day <i>4th</i>		Years <i>46</i>	
Date of death <i>1909</i>		Age <i>46</i>		Months <i>11</i>		Days <i>21</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Hillsboro, Ind.</i>			
Occupation <i>Hotel & Livery Prop.</i>		Where Residing If not at place of death <i>_____</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rachel T. Griff</i>					
Father's Name <i>Wm H. Ralph</i>		Father's Birthplace <i>Kent Co Ind.</i>					
Mother's Maiden Name <i>Sarah N. Ewing</i>		Mother's Birthplace <i>Ind. Co Ind.</i>					
Name of person giving Information <i>Sarah N. Ralph</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

56 ✓

PHYSICIAN
OR CORONER

Primary Cause <i>Supposed Apoplexy or over stimulated from Whiskey</i>		How long <i>to get</i>	
Immediate Cause <i>Faunt dead in bed when wife went to call</i>		How long <i>_____</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Robley Hackett Ind.</i>	
		Address <i>Luben Anne Ind.</i>	
Accident or Suicide <i>_____</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Me Easton Talbot County
 Date of death 1909 Sep 23 4 Age 6 Months 6 Days
 Sex Female Color or Race White Birth-place Talbot Co
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed X Name of Wife or Husband X
 Father's Name Joseph Schmitz Father's Birthplace Germany
 Mother's Maiden Name Louise Heedman Mother's Birthplace Germany
 Name of person giving Information Joseph Schmitz How related to deceased father

CAUSES OF DEATH

Primary Scarlet Fever How long 3 weeks
 Immediate Septicæmia How long one week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name
in
Full

Robert Richardson Stewart

CERTIFICATE OF DEATH

Died at ^{Town} *Eoston* ^{County} *Talbot* MARYLAND

Date ^{Sept} *22* ^{Month} *Sept* ^{Day} *22* ^{Years} *27* ^{Months} *6* ^{Days} *27*

Sex *Male* Color or Race *White* Birth-place *Eoston*

Occupation *Dep't. Police* Where Residing if not at place of death *Eoston*

Married, Single or Widowed *Married* Name of Wife or Husband *Bessie Florence Stewart*

Father's Name *Daniel Thomas Stewart* Father's Birthplace *Talbot*

Mother's Maiden Name *Bessie Richardson* Mother's Birthplace *"*

Name of person giving Information *Sea Stewart* How related to deceased *Brother*

CAUSES OF DEATH

118

Primary *Appendicitis Peritonitis* How long *6 days*

Immediate *Septic Intoxication* How long *4 days*

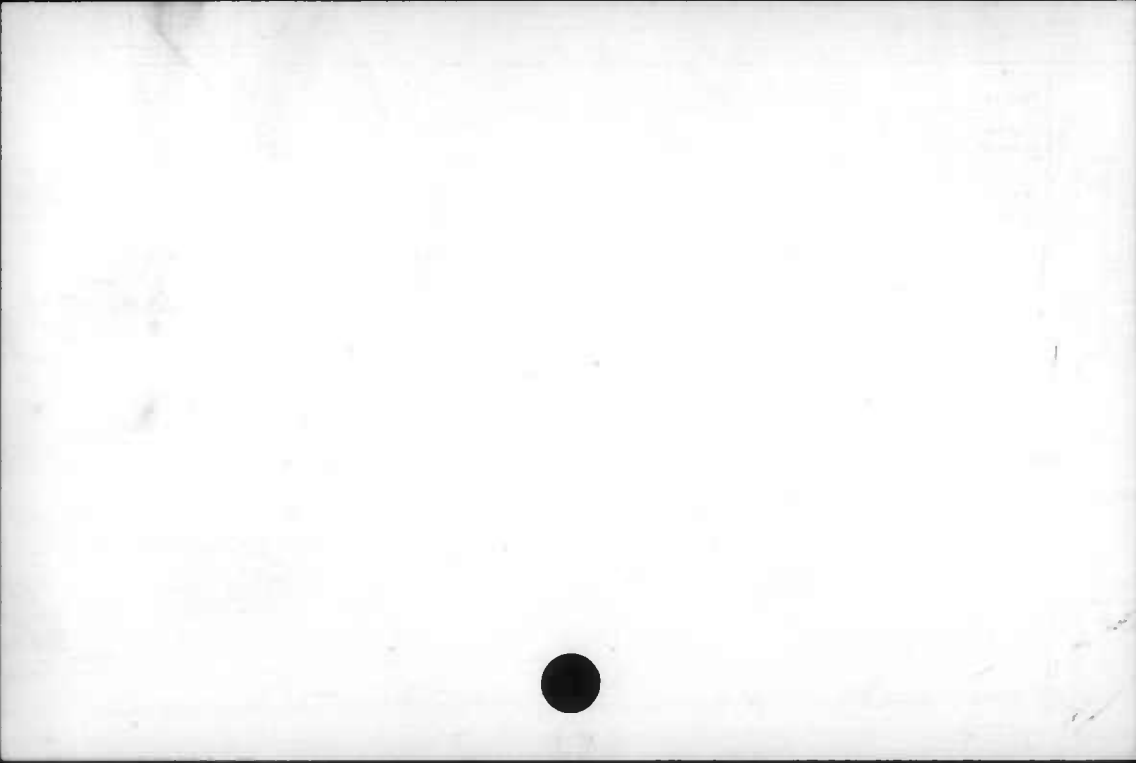
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *P. L. Brown*

Address *Eoston, Md*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

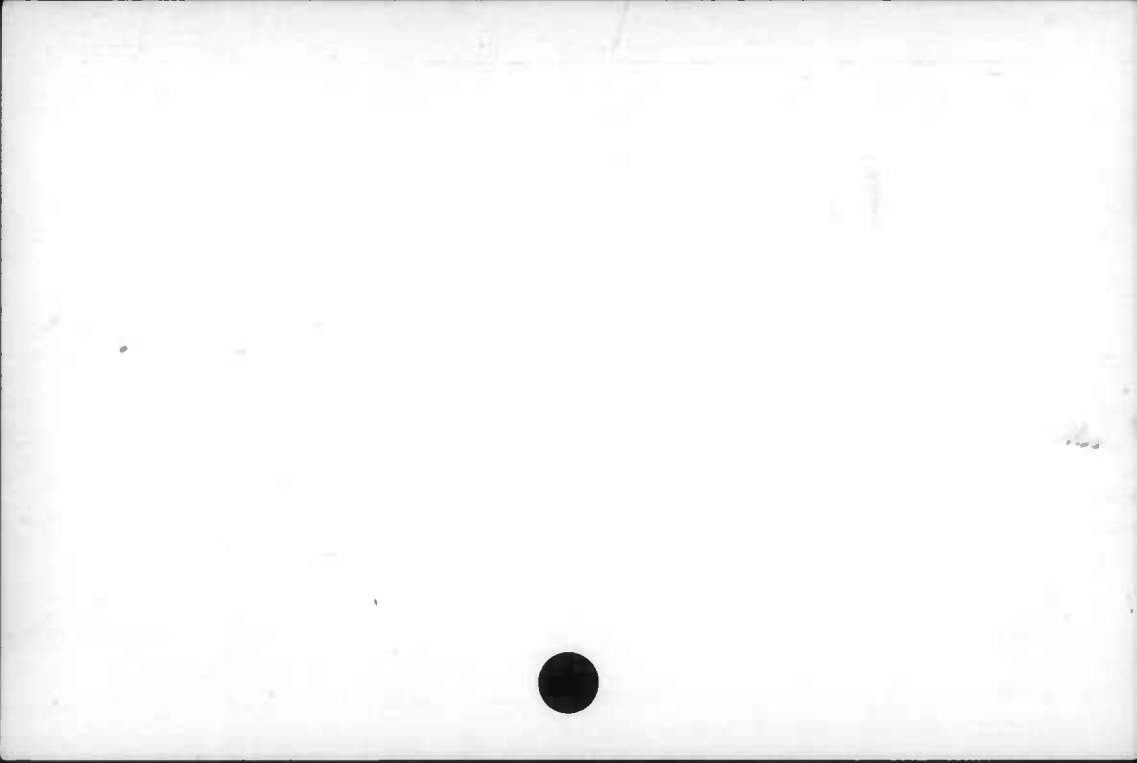
John Thomas Tyler		County		Thallot		MARYLAND	
Died at		Town		Marritte			
Date of death		1909	Sept.	14	Age	77	9 Months 10 Days
Sex		Male		Color or Race		white	
Occupation		Cysterman		Where Residing if not at place of death		Same	
Married, Single or Widowed		Married		Name of Wife or Husband		Savannah V. Tyler	
Father's Name		David Tyler		Father's Birthplace		Alorchester	
Mother's Maiden Name		Savannah Johnson		Mother's Birthplace		Alorchester	
Name of person giving Information		John F. Tyler		How related to deceased		Son	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Bright's	How long	3 30
Immediate	Heart Failure	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. J. B. Smith	
No		Address	
Accident or Suicide		208 Michael	
		Kidd	



Name
in
Full

Still Birth Watson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Offora</i>		County <i>Talbot</i>		MARYLAND	
Date of death	1909	Month <i>Sept</i>	Day <i>15</i>	Age	Years	Months	Days
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth- place	<i>Offora Md</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	<i>Edwarr Watson</i>					Father's Birthplace	<i>Lomax Co Md</i>
Mother's Maiden Name	<i>Louise Sterling</i>					Mother's Birthplace	<i>Lomax Co Md</i>
Name of person giving In formation	<i>Edwarr Watson</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	How long	<i>8</i> ✓
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. M. E. Lee M.D.</i>
		Address	<i>Offora, Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

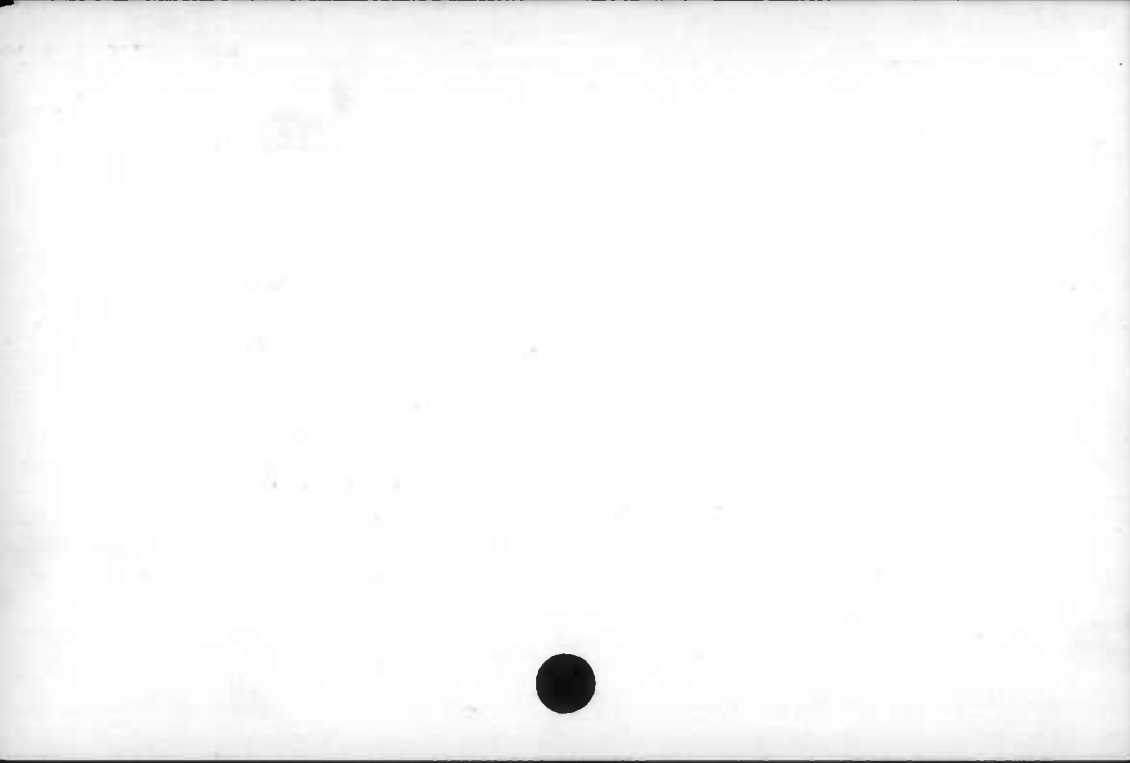
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>James Wilmer Whittington</i>		Town <i>Tilghman</i>		County <i>Talbot</i>		MARYLAND	
Died at		Month <i>Sep</i>		Day <i>8</i>		Years <i>7</i>	
Date of death <i>1907</i>		Age <i>19</i>		Months <i>7</i>		Days <i>19</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Marion Station</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Sherman Whittington</i>				Father's Birthplace <i>Marion Station</i>			
Mother's Maiden Name <i>Gertrude Jones</i>				Mother's Birthplace <i>" "</i>			
Name of person giving Information <i>Sherman Whittington</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Heart Disease</i>		How long <i>Suddenly</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes -</i>		Signature of Physician <i>A. K. Wilson</i>	
Address <i>Tilghman</i>		Address <i>one</i>	
Accident or Suicide <i>no -</i>			



Name
in
Full

Hillard. Leonard Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at Cordova Town

Talbot County

Date of death 1909

Month Sep

Day 4

Age

Years —

Months 2

Days 11

Sex

Male

Color or Race

Colored

Birth-place

Cordova.

Occupation

Infant

Where Residing If not at place of death

Cordova

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Alfred. Carroll Wilson

Father's Birthplace

Talbot Co

Mother's Maiden Name

Eda. Wilson

Mother's Birthplace

Talbot Co

Name of person giving information

Alfred. Carroll Wilson

How related to deceased

Father

CAUSES OF DEATH

105

✓

Primary

Indigestion (Improper diet)

How long

Several weeks

Immediate

Starvation

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above

Signature of Physician

C. M. Stutz, M. D.

Address

Cordova

Accident or Suicide?

Eng.

LIBRARY BUREAU 488618

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Margaret Woolford
Town Easton County Talbot

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 1909

Month

9

Day

22

Age

Years

0

Months

0

Days

7

Sex

Female

Color or
Race

African

Birth-
place

Easton, Md.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Robert Thompson

Father's
Birthplace

Jamestown N.Y.

Mother's
Maiden Name

Delilah Woolford

Mother's
Birthplace

Easton Md.

Name of person giving
Information

Robert Thompson

How related
to deceased

Father

CAUSES OF DEATH

104

✓

Primary

Acute Indigestion

How long

Four days.

Immediate

Convulsions

How long

Twelve hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

S. Dr. Willson

Address

Easton Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

